

SUGAR LAND CHURCH OF CHRIST
REQUEST FOR USE OF FACILITIES & SETUP

(This Request Must Be Received One Week Prior To Event)

It is understood and agreed upon, that this Request becomes valid only after it is approved by the Elders and the Building Manager.

Name of Ministry : _____

Reason for Event : _____

Date(s) of Intended Use: _____

Room/Area(s) Requested: _____

Time Requested: From: _____ To: _____

Type of Request (Check One): Single Use _____ Multiuse _____

Name of Requester: _____ Home Phone: _____

Signature of Requester: _____ Date: _____

Info Below for Administrative Approval Only

(Circle One): **Approved** **Denied**

Elders Approval: _____ **Date:** _____

Building Manager Approval: _____ **Date:** _____

If denied, reason for denial: _____

Other Comments: _____

Please provide a drawing of the setup for the areas requested